

1. Situations & Conditions of Hardship

Situations that might qualify for withdrawal

- ### Situations that will not qualify for withdrawal

- ### Conditions

- ## 2. Personal Information

3. Withholding Information

4. Signature

Date

Approved by _____ Approved amount _____ Date _____

5. Financial Information Table

Expenses Monthly	Dollar Amount
Mortgage/Rent	
2nd Mortgage	
Electricity/Gas	
Water/Sewer/Garbage	
Telephone (cell, pager)	
Cable/Satellite	
Food	
Child Care	
Child Support/Alimony	
Credit Cards	
Medical/Dental (not covered by insurance)	
Insurance (car, house, life, etc)	
School	
Car payment	
2nd Car Payment	
Vehicle Gas/Maint.	
List other-	
List other-	
List other-	
Total Monthly Expenses	
Total Monthly Income – Total Monthly Expenses = Total Available Funds	

Payroll Information	
Gross bi-weekly amount	
- Federal Taxes	
- State Taxes	
- FICA	
- Retirement (IPERS)	
- Health	
- Dental	
- Life	
- Union Dues	
- Flexible Spending	
Net Bi-Weekly	
X 2 = Net Monthly	

Net Monthly Income	
Employee – see table above	
Spouse/Other	
Other (child support, etc)	
Total Monthly Income	

6. Expenses Related to Hardship

Please note that your request must be only for the amount necessary to cover your financial hardship. Attach a copy of the statement(s) for each debt you are legally obligated to pay. Attach additional sheets if necessary.

Debt Description	Amount
Total Amount Needed	\$

7. Contributions

Contributions are automatically stopped for 6 months following an approved hardship withdrawal. If your Financial Hardship request is **denied**, contributions will continue unless indicated below.

_____ Please stop my contributions

Please return completed form to:



**Retirement Investors' Club • Iowa Department of Administrative Services • 1305 E Walnut, Level A
Des Moines, IA 50319 • 515-281-8677 • 515-281-5102 (fax) • <http://das.hre.iowa.gov/ric.html>**